STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mary ARCH	**CHAPTER 100.1**
Address: **94-231 Moena Place, Waipahu, Hawaii 96797**	**Inspection Date: May 3, 2021 Initial**

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute care giver (SCG) #2, #3, #4 and household member (HM) #1, #2, #3 - No annual examination by a physician. **Submit a copy for each with the plan of correction (POC).** STATE OF HAWAII DOH-OHCA STATE LICENSING '21 JUN 28 A11:45	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes SCG #2, SCG #3, SCG #4, HM #1, HM #2 — I provided them a PE form + they all went to the doctor's office to get the PE form filled out + signed by the doctor. HM #3 — Evidence of current PE was done @ the doctor's office on 7/13/2020 but it wasn't filed on the care giver's binder because he submitted the original to his school without making copies.	SCG #2 5/21/2021 SCG #3 5/6/2021 SCG #4 5/27/2021 HM #1 5/10/2021 HM #2 5/12/2021 HM #3 7/13/2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. **FINDINGS** Substitute care giver (SCG) #2, #3, #4 and household member (HM) #1, #2, #3 - No annual examination by a physician. **Submit a copy for each with the plan of correction (POC).**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make a requirement check list for all the substitute care givers + household members ō the #pration date to be filed on the care giver's chart. Then I will check it every month. If I noticed that their PE will be #pied in a month, then I'll provide them ō a month notice to obtain a current PE from the doctor's office/clinic before it #pires. Once the PE was completed, the doctor/APRN will sign + date the form, + will obtain a copy before leaving the clinic. Then they will provide me a copy to be filed on the care giver's chart. I will then update my check list as I filed the documents.	

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 JUN 28 AM 8:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #2 and SCG #4 - No current tuberculosis (TB) clearance. **Submit a copy for each with the POC.**	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes SCG #2, documented evidence of current TB clearance was done on 3/4/21, w/c was obtained @ her working place. SCG # 4, documented evidence of current TB clearance was done on 9/18/20, w/c was obtained @ the doctor's office.	3/4/2021 09/18/2020

STATE OF HAWAII
DOH-OHCA
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21 JUN 28 A11:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. **FINDINGS** SCG #2 and SCG #4 - No current tuberculosis (TB) clearance. **Submit a copy for each with the POC.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make a requirement check list for all the substitute care givers + household members w the expiration date to be filed on the care giver's chart. Then I will check it q month. If I noticed that their TB clearance will be expired in a month, then I'll provide them w a month notice to obtain a current TB clearance from the Doctor's office/clinic before it expires. Once the TB clearance is completed, the doctor/APRN will sign + date + they will obtain a copy before leaving the clinic. Then will provide me a copy to be filed on the care giver's chart. I will then update my check list as I filed the documents.	

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 JUN 28 A11:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #4 - No first aid certification. **Submit a copy with the POC.** STATE OF HAWAII DOH-OHCA STATE LICENSING 21 JUN 28 AM 8:45	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes First Aid for SCG #4 is current + was done on 01/09/2021, w/c was conducted by a licensed trainer	01/09/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall: Be currently certified in first aid; **FINDINGS** SCG #4 - No first aid certification. **Submit a copy with the POC.**	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make a requirement check list for all the substitute care givers & the expiration date to be filed on the caregiver's chart. Then I will check it a month. If I noticed that their First Aid certification will be expired in a month, then I'll provide them a a month notice to obtain a current First Aid certification from the licensed trainer before it expires. They will obtain a copy of the certification once it was completed. Then they'll provide me a copy to be filed on the care giver's chart. I will then update my check list as I filed the documents.	

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 JUN 28 A11:45

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #1, #2, #3, and #4 - No SCG training by the primary care giver (PCG) to make prescribed medications available to residents. **Submit a copy for each with the POC.** STATE OF HAWAII DOH-ONCA STATE LICENSING '21 JUN 28 A11:45	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes SCG #1, #2, #3, #4 I have trained all four SCG's on 05/05/2021, through actual demonstration. Handouts were printed + copies were provided to each one of them.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. **FINDINGS** SCG #1, #2, #3, and #4 - No SCG training by the primary care giver (PCG) to make prescribed medications available to residents. **Submit a copy for each with the POC.** STATE LICENSING DOH-OHCA STATE OF HAWAII 21 JUN 28 A11:45	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make a requirement check list for all SCG's, especially newly hired SCG's, + filed it in the front of the care giver's chart. I'll make sure to provide them training once they are hired to avoid the deficiency to happen again.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #4 - No cardiopulmonary resuscitation certification. **Submit a copy with the POC.** STATE OF HAWAII DOH-OHCA STATE LICENSING '21 JUN 28 A11:45	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes SCG #4 CPR certification is current + it was done on 01/09/2021, w/c was conducted by a licensed trainer.	01/09/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-9 Personnel, staffing and family requirements. (f)(1) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall: Be currently certified in cardiopulmonary resuscitation; **FINDINGS** SCG #4 - No cardiopulmonary resuscitation certification. **Submit a copy with the POC.** STATE OF HAWAII DOH-OHCA STATE LICENSING 21 JUN 28 A11:45	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make a requirement check list for all the substitute caregivers ~ the expiration date to be filed on the care giver's chart. Then I will check it ~ month. If I noticed that their CPR certification will be expired in a month, then I'll provide them ~ a month notice to obtain a current CPR certification from the licensed trainer before it expires. They will obtain a copy once it was completed. Then they'll provide me a copy to be filed on the care giver's chart. I will then update my check list as I filed the documents.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 - "Mechanical soft diabetes" diet ordered 8/3/20; however, the diet order was not clarified with the physician. STATE OF NEVADA DOH-CHEA STATE LICENSURE 21 SEP 28 A7:35	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** I called the physician to clarify the "Mechanical soft diabetes" diet order on 9/17/21. Diet order was clarified to No Concentrated Sweets, 9/17/21. See attached.	09/14/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-13 Nutrition. (l) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets. **FINDINGS** Resident #1 - "Mechanical soft diabetes" diet ordered 8/3/20; however, the diet order was not clarified with the physician. STATE OF HAWAII DOH-OHCA STATE LICENSING 21 SEP 28 A7:35	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** After each doctor's visit, I will look over the notes + diet order, + clarify w/ the doctor if any order is unclear. If I am unsure about whether a diet order needs clarification, I will contact the OHCA nutritionist for guidance.	09/14/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. **FINDINGS** Two (2) packages of pork were thawing on the kitchen counter. STATE OF HAWAII DOH-OHCA STATE LICENSING '21 JUN 28 A11:45	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, it was corrected during inspection. How I corrected the deficiency was by putting the two (2) packages of pork in the refigerator & storing it in there until it was ready to be cooked.	05/03/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. **FINDINGS** Two (2) packages of pork were thawing on the kitchen counter. STATE OF HAWAII DOH-OHCA STATE LICENSING 21 JUN 28 AM 8:45	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** What I will do to handle frozen food properly is to make sure to plan ahead + to thaw the food overnight in the refrigerator before cooking, + when the next day comes, I will check the frozen food in the refrigerator to see if has thaw + is ready to cook. I will train/ assist SCG's + household members on how to handle food storage + preparation properly.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (c) Refrigerators shall be equipped with an appropriate thermometer and temperature shall be maintained at 45°F or lower. **FINDINGS** Temperature in the refrigerator on the lanai was 48° F. STATE LICENSING DOH-OHCA STATE OF HAWAII '21 JUN 28 A11:45	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, refrigerator (on the lanai) temperature was already adjusted to 45°F on 05/04/2021	05/04/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-14 Food sanitation. (d) Potentially hazardous food shall meet proper temperature requirements during storage, preparation, display, service, and transportation. **FINDINGS** Temperature in the refrigerator on the lanai was 48° F. STATE OF HAWAII DOH-OHCA STATE LICENSING '21 JUN 28 A11:45	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will ensure to check the temperature daily & will make sure it stays on 45°F.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Resident #1 - "Flunisolide nasal spray" was not stored upright as instructed on the label. STATE OF HAWAII DOH-OHCA STATE LICENSING 21 JUN 28 AM 9:46	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, I corrected this deficiency right away during the inspection. I took a small plastic container & put the nasal spray inside to stay it in upright position.	05/03/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Resident #1 - "Flunisolide nasal spray" was not stored upright as instructed on the label.	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will read instructions on the medication label, if it says store upright, then I have to train my SCG. I will put the nasal spray in a cup to maintain the upright stance. I will make a note on the MAR to keep the bottle upright. PCG will check that the nasal spray is stored in the cup when giving the medication.	09/14/21

STATE OF HAWAII
DOH-OHCA
STATE LABORATORIES

21 SEP 28 A7:35

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Unsecured medication in the kitchen refrigerator: Dupixent, Mucinex, Robitussin DM, Robitussin, Tylenol Cold + Cough + Sore Throat. Removed during the inspection. STATE LICENSING DOH-OHCA STATE OF HAWAII 21 JUN 28 A11 :46	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container. **FINDINGS** Unsecured medication in the kitchen refrigerator: Dupixent, Mucinex, Robitussin DM, Robitussin, Tylenol Cold + Cough + Sore Throat. Removed during the inspection. STATE OF HAWAII DOH-CLIA STATE LICENSED '21 SEP 28 A7:35	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** We will store family medication in the refrigerator upstairs. I will instruct my family & CCLs that all meds stored in the refrigerator need to be in a locked box. I will check that the medication in the medication box is locked when I open the refrigerator.	09/14/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Metformin 500 mg tab Take 1 tablet twice daily" ordered 12/2/20. The label noted "Take with a meal." The medication record noted the medication is taken at 7 a.m. and 7 p.m. Breakfast is served at 6 a.m. and dinner is served 6 p.m. to 6:30 p.m. STATE OF HAWAII DOH-OHCA STATE LICENSING '21 JUN 28 A11:46	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes Breakfast had been adjusted to 7am on 5/4/2021 & dinner had been adjusted to 7pm on 5/3/2021.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. **FINDINGS** Resident #1 - "Metformin 500 mg tab Take 1 tablet twice daily" ordered 12/2/20. The label noted "Take with a meal." The medication record noted the medication is taken at 7 a.m. and 7 p.m. Breakfast is served at 6 a.m. and dinner is served 6 p.m. to 6:30 p.m. STATE OF HAWAII DOH-SHCA STATE LICENSING '21 SEP 28 A7:35	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will read MD order & compare to the label instructions. I will document on the MAR the time of the day that the medications need to be taken according to the label instructions.	09/14/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 - No care giver initials for the following: April 2021 medication record - 4/29/21 (pm), 4/30/21 May 2021 medication record - 5/1/21 to 5/3/21 (am) STATE OF HAWAII DOH-OHCA STATE LICENSING '21 JUN 28 A11 :46	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	**5/3/21**

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-15 Medications. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver. **FINDINGS** Resident #1 - No care giver initials for the following: April 2021 medication record - 4/29/21 (pm), 4/30/21 May 2021 medication record - 5/1/21 to 5/3/21 (am)	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will train GCG to initial the MAR promptly when meds taken by the resident. GCG instructed to check that the medication record was initialed @ the end of their shift. At the end of the day, PCG will check the medication record to ensure GCG initialed medication taken by the resident.	09/14/21

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. **FINDINGS** Resident #1 - No schedule of activities. STATE OF HAWAII DOH-OHCA STATE LICENSING '21 JUN 28 A11:46	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, deficiency has been corrected on 05/05/2021. Plan of Care + Activities Schedule form has been filled out ē the time + days for all the activities that will be provided.	05/05/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-16 Personal care services. (h) A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed. **FINDINGS** Resident #1 - No schedule of activities. STATE OF HAWAII DOH-OHCA STATE LICENSING '21 JUN 28 AM 9:46	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will check all the admission check list before admitting a resident + will review it during admission. I will make schedule of activities on the day they were admitted, + will be recorded on the activity record right after implementation.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 - No progress notes for March 2021 and April 2021.	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; **FINDINGS** Resident #1 - No progress notes for March 2021 and April 2021. STATE OF HAWAII DOH-DHCA STATE LICENSING 21 JUN 28 AM 9:46	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make a progress notes list record to remind me when it will be due & I will put infront of the residents chart. I will check the progress notes list record every day to make sure progress notes are written.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 - No documentation that instructions by the Hawaii Wound Ostomy & Continence APRN on 12/28/20 were carried out: • Time toilet every 2 hours while awake • Encourage 1 cup of water whenever she voids • Try to get her to drink 10-12 cups of water/day STATE OF HAWAII DOH-OHCA STATE LICENSING 21 JUN 28 A11:46	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-17 Records and reports. (b)(4) During residence, records shall include: Entries describing treatments and services rendered; **FINDINGS** Resident #1 - No documentation that instructions by the Hawaii Wound Ostomy & Continence APRN on 12/28/20 were carried out: • Time toilet every 2 hours while awake • Encourage 1 cup of water whenever she voids • Try to get her to drink 10-12 cups of water/day STATE OF HAWAII DOH-OHCA STATE LICENSING '21 JUN 28 A11:46	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To avoid this deficiency, I will read + follow the activities that the doctor prescribed. I will document on the residents activity record right after the activities are provided. I will then review to make sure that their activities provided were all documented.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 - The conditions under which the PCG agrees to be responsible for the resident's funds or property was not explained to the resident, resident's family.	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, family for resident #1 is the one managing her allowance + personal funds. Resident Financial Statement Form has been signed by her sister, who is the legal guardian, on 5/8/2021, + was filed on the resident's chart.	5/8/2021

STATE OF HAWAII
DOH-OHCA
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21 JUN 28 A11:46

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-19 Resident accounts. (a) The conditions under which the primary care giver agrees to be responsible for the resident's funds or property shall be explained to the resident and the resident's family, legal guardian, surrogate or representative and documented in the resident's file. All single transfers with a value in excess of one hundred dollars shall be supported by an agreement signed by the primary care giver and the resident and the resident's family, legal guardian, surrogate or representative. **FINDINGS** Resident #1 - The conditions under which the PCG agrees to be responsible for the resident's funds or property was not explained to the resident, resident's family. STATE OF HAWAII DOH-OHCA STATE LICENSING 21 JUN 28 A1:46	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** In the future, I will check all the admission check list before admitting a resident + will review it during admission. Residents being admitted will sign the Resident Financial Form the same day during admission + will be attached to admission forms for new residents.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. **FINDINGS** SCG #1, #2, #3 and #4 - No training by the PCG for colostomy care, CPAP use, accu-check and insulin pen use. **Submit copies of training for each SCG, as it pertains to each health care need, with the POC.** STATE OF HAWAII DOH-OHCA STATE LICENSING 21 JUN 28 A11:46	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, SCG #1, #2, #3, #4 were all trained on 05/05/2021, through actual demonstration. Handouts were printed + copies were provided to each one of them.	05/05/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-20 Resident health care standards. (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN. **FINDINGS** SCG #1, #2, #3 and #4 - No training by the PCG for colostomy care, CPAP use, accu-check and insulin pen use. **Submit copies of training for each SCG, as it pertains to each health care need, with the POC.** STATE OF HAWAII DOH-OHCA STATE LICENSING 21 JUN 28 A11:46	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make a requirement check list of all SCG's + filed infront of the caregivers chart. I'll make sure to train all SCG's the day they were hired to avoid this deficiency happen again.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out; **FINDINGS** Resident #1 - No documentation that the resident, resident's family were informed of all facility policies and procedures. STATE OF HAWAII DOH-OHCA STATE LICENSING 21 JUN 28 AM 9:46	**PART 1** **DID YOU CORRECT THE DEFICIENCY?** **USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY** Yes, legal guardian of resident #1, who is the sister, has been already informed of all the policies & procedures, on 05/08/2021. Signed & dated documentation was filed on the resident chart & copies were provided to the family.	05/08/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(A) Residents' rights and responsibilities: Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall: Be fully informed orally or in writing, prior to or at the time of admission, of these rights and of all rules governing resident conduct. There shall be documentation signed by the resident that this procedure has been carried out; **FINDINGS** Resident #1 - No documentation that the resident, resident's family were informed of all facility policies and procedures. STATE OF HAWAII DOH-OHCA STATE LICENSING 21 JUN 28 A11:46	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will check the admission check list before admitting a resident & will review it during admission. Residents being admitted will sign the Policies & Procedures the same day during admission & will be attached to admission forms for new residents.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** No fire drill for April 2021. Last fire drill was 1/27/21. STATE LICENSING DOH-OHCA STATE OF HAWAII 21 JUN 28 A11:46	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(D) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request; **FINDINGS** No fire drill for April 2021. Last fire drill was 1/27/21. STATE LICENSING DOH-ONCA STATE OF HAWAII 21 JUN 28 A11 :46	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** To avoid this deficiency from happening again, I will make a fire drill record list + put it in the front of care giver's chart. I will then check it every month to make sure fire drills are conducted.	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS** No smoke detector checks. STATE LICENSING DOH-ORCA STATE OF HAWAII JUN 28 AM 8:46	**PART 1** **Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.**	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
☒	§11-100.1-23 Physical environment. (g)(3)(G) Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system; **FINDINGS** No smoke detector checks. STATE LICENSING DOH-OHCA STATE OF HAWAII 21 JUN 28 A11 :46	**PART 2** **FUTURE PLAN** **USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?** I will make a record list for when the smoke detectors are checked & when it will be due & put it in the front of the care givers chart. I will check ~~it~~ the previous every month to make sure smoke detectors ~~are functioning~~ are checked. If there are malfunctioning that we can't fix, we will contact an electrician for repair.	

Licensee's/Administrator's Signature: Mfailma

Print Name: Marites Failma

Date: 06/28/2021

Licensee's/Administrator's Signature: Mfailma

Print Name: Marites Failma

Date: 09/14/21